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2013
05
SCANNED

Form 990-T	Exempt Organization Bus	·	OMB No. 1545-0687						
Department of the Treasury	(and proxy tax under section 6033(e)) For calendar year 2012 or other tax year beginning and ending								
Internal Revenue Service	For calendar year 2012 or other tax year beginning		Open to Public Inspection for 501(c)(3) Organizations Only over identification number						
A Check box if address changed	Name of organization (L Check box if name	(Empli	(Employees' trust, see instructions)						
B Exempt under section	Print SEAMAN FOUNDATION		2-6240342						
501()()	Number, street, and room or suite no If a P O bo		ited business activity codes istructions)						
408(e) 220(e)	P O BOX 273								
408A530(a) 529(a)	City or town, state, and ZIP code WILTON, AL 35187		<u>, · · · · · · · · · · · · · · · · · ·</u>						
	F Group exemption number (see instructions)	<u> </u>							
at end of year	G Check organization type ► X 501(c) corporate	on L	501(c) trust	401(a) trust	L	Other trust			
24,997.	NONE								
	n's primary unrelated business activity NONE	nt aubai	dian, controlled group?		Ye	s X No			
	the corporation a subsidiary in an affiliated group or a pare and identifying number of the parent corporation	me-subsi	ulary controlled group?		16:	S [AL] INU			
I The hooks are in care of	JANET W. SEAMAN		Telenh	one number > 2	05-	665-3295			
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sa		T		······		·····			
b Less returns and alle		10							
2 Cost of goods sold (Schedule A, line 7)	2							
3 Gross profit Subtra	t line 2 from line 1c	3							
4a Capital gain net inco	me (attach Schedule D)	4a							
b Net gain (loss) (Forr	n 4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduction	n for trusts	4c							
· ·	partnerships and S corporations (attach statement)	5							
6 Rent income (Sched	·	6							
	ced income (Schedule E)	7							
	pyalties, and rents from controlled organizations (Sch. F)	8							
9 Investment income (Schedule G)	of a section 501(c)(7), (9), or (17) organization	9	!						
•	avity income (Schedule I)	10							
11 Advertising income		11							
	Other income (see instructions, attach statement)								
13 Total. Combine line	·	13	0.						
	ons Not Taken Elsewhere (see instructions f								
(except for	contributions, deductions must be directly connected	ed with t	he unrelated business	s Income)	·				
,	fficers, directors, and trustees (Schedule K)				14				
15 Salaries and wages					15				
16 Repairs and mainte17 Bad debts	nance				16 17	 			
17 Bad debts18 Interest (attach sta	ement)				18				
10 Tayes and licenses	FIVED				19				
20 Charitable contribu	tions (see instructions for limitation rules)				20				
21 Depreciation (attac	Form 4562)		21						
22 Less depreciation of	laimed on Schedule A and leise where on return		22a		22b				
23 Depletion	11				23				
24 Contributions to de	ferred compensation plans OGDEN UT				24				
25 Employee benefit p	Name and the second sec				25				
26 Excess exempt exp		1			26				
27 Excess readership					27	-			
28 Other deductions (•				28	0.			
	s. Add lines 14 through 28	not line Of) from line 19		29 30	0.			
· · · · · · · · · · · · · · · · · · ·	taxable income before specific deduction. Subtract line 31	from line	30		31 - 32	0.			
	(generally \$1,000, but see instructions for exceptions)	11110			33	1,000.			
	ess taxable income. Subtract line 33 from line 32 If line	e 33 is gr	eater than line 32, enter t	the smaller					
of zero or line 32					34	0.			

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2012)

Part I	Tax Computation	··········			
35	Organizations taxable as corporations (see instructions for tax computation)				
	Controlled group members (sections 1561 and 1563) check here ▶ See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \(\\$ (3) \(\\$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)				
C	Income tax on the amount on line 34	35c			0.
36	Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from				
	Tax rate schedule or Schedule D (Form 1041)	36	_		
37	Proxy tax (see instructions)	37			
38	Alternative minimum tax	38			
39	Total Add lines 37 and 38 to line 35c or 36, whichever applies	39			0.
Part I	V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a				
b	401				
C	General business credit Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]]			
е	Total credits. Add lines 40a through 40d	40e			
41	Subtract line 40e from line 39	41			0.
42	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	42			
43	Total tax Add lines 41 and 42	43			0.
44 a	Payments A 2011 overpayment credited to 2012				
	2012 estimated tax payments				
	Tax deposited with Form 8868	7			
d	Foreign organizations Tax paid or withheld at source (see instructions) 44d				
	Backup withholding (see instructions) 44e]			
	Credit for small employer health insurance premiums (Attach Form 8941)]]			
	Other credits and payments Form 2439	7			
_	☐ Form 4136 ☐ Other ☐ Total ► 44g	╛			
45	Total payments Add lines 44a through 44g	45			
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached	46			
47	Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed	47			0.
48	Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48			0.
49	Enter the amount of line 48 you want Credited to 2013 estimated tax	49_			
Part					
1 At a	any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial ac	ccount (t	oank,	Yes	No
sec	urities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and F	inancial			
Acc	counts If "Yes," enter the name of the foreign country here				X
2 Dun	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? (es," see instructions for other forms the organization may have to file		L		X
	er the amount of tax-exempt interest received or accrued during the tax year ►\$				<u></u>
Sched	dule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A				
1 Inv	entory at beginning of year 1 6 Inventory at end of year	6			
2 Pui	rchases 2 7 Cost of goods sold. Subtract line 6				
3 Cos	st of labor 3 from line 5 Enter here and in Part I, line 2	7			
4a Add	intional section 263A costs (att. statement) 4a 8 Do the rules of section 263A (with respect to			Yes	No
b Oth	property produced or acquired for resale) apply to			1	
5 Tot	al. Add lines 1 through 4b 5 the organization?				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kni correct, and correct and co	owledge a	nd belief, it is t	rue,	
Sign		May the IR	S discuss this	return w	rith
Here		-	er shown below		
	Signature of officer Date Title	nstruction	s)? X Yes	<u>: [</u>	No
	Print/Type preparer's name Preparer's signature Date Check	if PTI	N		
Paid	self- employed				
Prepa	ERNEST E. MILES (DANS) (Q!)) LLA 3.5-2013		003870		
Use (Priv Firm's name JAMISON MONEY FARMER PC Firm's EIN	• 6	3-0933	3119)
- J-JE (P.O. BOX 2347	_	_		
	Firm's address ► TUSCALOOSA, AL 35403 Phone no	(20	5) 345	<u>5-8</u> 4	<u> 140</u>
223711 0	1.11.13		Form 99	0-T	2012)

Schedule C - Rent Income			and Persona	l Propert	y Lease		operty)(see instruct	ions)	
1. Description of property									
(2)									
(3)							·		
_(4)	2 Rent receiv	ed or accrued							
(a) From personal property (if the			real and personal prop	erty (if the nem	entage	3(a) Deductions direc	tly connected with the incoi	me in	
rent for personal property is m 10% but not more than 5	ore than	of ren	t for personal property ne rent is based on pro	exceeds 50% of	or if	columns 2(a) and 2(b) (attach statement)			
(1)					-				
(2)									
(3)									
(4)	0.	Total			0.				
(c) Total income Add totals of column		L				(b) Total deductions.			
here and on page 1, Part I, line 6, colu	mn (A)	>		<u> </u>	0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated D	ept-rinanced	income (see instructions)			2 Dadustians dimethia	onnected with or allocable		
				income from			nced property		
1. Description of debi	t-financed property		or allocable to debt- financed property		(a) s	Straight line depreciation (attach statement)	(b) Other deductions (attach statement)		
(1)									
(2)									
(3)	***************************************					·			
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 	4. Amount of average acquisition debt on or allocable to debt-financed 5 Average adjusted of or allocable to		ty by column 5			7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)	-			9/	6				
(2)				9/		*			
(3)				9/					
(4)				9/					
						Enter here and on page 1, Enter here Part I, line 7, column (A) Part I, line			
Totals					▶		o.	0.	
Total dividends-received deductions							>	0.	
Schedule F - Interest, Ann	nuities, Royal	ties, and	Rents From	Controlle	d Orgar	izations (see in	structions)		
		Ex	empt Controlled	Organizatio	ons				
Name of controlled organization	Employer ide numl	entification	3. Net unrelated income loss) (see instructions)		4. of specified nents made	5. Part of column 4 included in the controrganization's gross in	oiling connected with	connected with income	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	ons								
7. Taxable Income 8	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9 . Total of specified p made			olumn 9 that is included rolling organization's oss income	11. Deductions directly connected with income in column 10		
(1)			· ·						
(2)									
(3)									
(4)		_		_					
					Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Add columns 6 and Enter here and on page line 8, column (B)	1, Part I,	
Totals						0.		0.	
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Schedule G - Investr (see in	nent In Istruction		Section 5	601(c)(7	7), (9), or (17) Or	ganizat	tion				
1. Description of income					2. Amount of income		luctions connected statement)		-asides statement)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)	1)			į							
(2)					-						
(3)						_					
(4)								-			
				Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page 1, Part I, line 9, column (B)		
Totals				▶	0.					0.	
Schedule I - Exploite	d Exer		/ Income,	Other		ng Inco	me				
		_	3. Exper		4. Net income (loss)	_				7. Excess exempt	
1. Description of unre exploited activity		2 Gross related business income from ade or business of unrobusiness		nected iction ted	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)									•		
(3)		·									
(4)											
	р	er here and on age 1, Part I, ie 10, col (A)	Enter here a page 1, P line 10, co	antl, I(B)						Enter here and on page 1, Part II, line 26	
Totals	>	0.		0.						0.	
Schedule J - Advert											
Part I Income From	n Perio	dicals Rep	orted on	a Cons	solidated Basis	_			· .		
1. Name of penodical	2. Gross advertisin income			Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7	5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)					, , , , , , , , , , , , , , , , , , , ,						
Totals (carry to Part II, line (5)) ▶		0.	0						0.	
Part II Income From				a Sepa	arate Basis (For e	each perio	odical listed	ın Part II	l, fill in		
columns 2 throu	gh 7 on a	a line-by-line ba	asis.)								
1. Name of penodical				Direct or (loss) (col 2 r col 3) If a gain, cols 5 through				6. Readership costs		7. Excess readership costs (column 6 mlnus column 5, but not more than column 4)	
(1)											
(2)					<u> </u>						
(3)											
(4)											
Totals from Part I			0.	0	•					0.	
Enter here and on page 1, Part i, page Inne 11, col (A) line 1			ere and on 1, Part I, I, col (B)						Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1-5)	neatio					Instructio	ne)			<u> </u>	
Schedule K - Compensation of Officers, Direct					2 Title			t of ed to		ensation attributable related business	
(1)						busines	%				
(2)								%			
(3)							ļ	%	····		
(4)				L			L	- %			
Total. Enter here and on page	1, Part II,	line 14								0.	